2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000054780			FILED			
1. Entity Name UMI INTERNATIONAL GROUP INC.			04 MAY -3 PM 3: 31			
		san I	-			
ALHAMBRA PLAZA 2 ALHAMBRA PLAZA			SECRETARY GENTATE TALLAHASSEE, FLORIDA			
커 - 1A PH - 1A Coral Gables, Fl. 33134 US Coral Gables, Fl. 33134 US			ALLAHASSE	_, LONDIN		
1 Al Markova Plaza 1 Al Mariting Address Mora Plaza						
Suite, Apt. e. etc. Suite, Apt. Apt. 4 etc. # 725	<u> </u>	04302004	Chg-P	CR2E034 (10/0	13)	
Coval Gables, Fl Coval	ables,	4. FEI Numb	°20-100°	7202 -	Applied For Not Applicable	
30134 Country SA Zip	Country	5. Certificate	of Status Desired	☐ \$8.75 Fee Req	Additional uired	
8. Name and Address of Current Registered Agent	Name	7. Name an	Address of New Re	gistered Agent		
BLANCO, JOSE						
2 ALHAMBRA PLAZA PH-1A	dress (P.O. Blox Number is Not Acceptable)					
CORAL GABLES, FL 33134		MACHINOC	1 PIUU	U # 1	25	
City (DVA) (Lables FL Zings 33134)						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Supretive. I) pred or printed name of injustered appre and this if appropriate.	(NOTE: Registered Agent argusts	and state and substitutions		4-00-1	<u> </u>	
FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. OFFICERS AND DIRECTORS	11.	ADDITIONS	CHANGES TO OFFIC			
NAME BLANCO, JOSE	B TITLE NAME		. ~.	Chan		
STREET ADDRESS 2 ALHAMBRA PLAZA PH-1A CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS City-St-Zip	LAINGIN	ilora Pla Sables	56 17 56 17		
TITLE VP [] Delete			1010 01	Chan	ge Addition	
NAME ARIAS, HERMAN STREET ADDRESS 2 ALHAMBRA PLAZA PH-1A	NAME STREET ADDRESS	DURESS 1 Alhambra Plaza # 725				
CITY-ST-ZIP CORAL GABLES, FL 33134	CITY-ST-ZIP	Coval C	ables, F	1 3313	<u> </u>	
NAME	NAME			Chara	ge 1 Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP					
TITLE Cleare				Chang	Addition 35	
NAME STREET ADDRESS	NAME Street Address	05/7	1 00035 - 05/040100	43766 nna **	O 2250.00	
CNY-S1-ZIP	CITY-ST-ZIP					
TITLE Delete	TITLE NAME			Chang	ge Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY+ST-ZIP				1	
TITLE Delete	TITLE	R		Chang	ge Addition	
NAME STREET ADDRESS	NAME STREET ADDRESS		,			
CITY-SI-ZIP	CITY-ST-ZIP	<u> </u>				
12. I hereby certify that the information supplied with this filing goes not qualify for the exemption stated in Section 19.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation out the receiver or trustee empowered to execute this report as required by Chapter 607. Horida Statutes; and that my name appears in Block 10 of the corporation out the receiver or trustee empowered to execute this report as required by Chapter 607. Horida Statutes; and that my name appears in Block 10 of the corporation out the receiver or trustee.						
changed, or on an alternment with an address, with all other like empowered.						
SIGNATURE: 04-30-04 SOUNTINE AND TYPED GR PRINTED NAME OF SIGNANG DEPICER OR DIRECTOR Date Digital Dig						